

Arizona State Priority Training Program Nomination Form

Name	Email
Home Unit (Example: AGUILA FD)	
Employment Classification	
Permanent Full Time, Permanent Part Time, Seasonal, Emergency Firefighter	
Trainee Position Applying For	
<i>(individuals may apply to 1 trainee position only)</i>	
Date of First Position Task Book (PTB) Assignment	
Date of Last Position Task Book Assignment	
Relevant Red Card Qualifications <i>(use position codes)</i>	

Points *(to be validated by AZ State Training Specialist)*

Percentage of PTB Completed <small>(E.g. - # of completed tasks divided by # of total tasks. This will give a number similar to 0.27, that is 27% = 3 points.)</small>			Months Until Current PTB Expires		
Percentage	Points	Score	Months	Points	Score
90-100	10		0-6	10	
80-89	9		7-12	8	
70-79	8		13-18	6	
60-69	7		19-24	4	
50-59	6		25-30	2	
40-49	5		31-36	1	
30-39	4				
20-29	3				
10-19	2				
0-9	1				
Needs assignment for recertification <i>(was previously qualified but has lost currency)</i>				Yes = 10 No = 0	
Home unit critical shortage needs (justify in comments below).				Yes = 5 No = 0	
Completed all <i>REQUIRED TRAINING</i> for this position per 310-1 (training must be entered in IQS or included with packet to be given points)				Yes = 5 No = 0	
Completed <i>OTHER TRAINING WHICH SUPPORTS DEVELOPMENT OF KNOWLEDGE AND SKILLS</i> per 310-1 (training must be entered in IQS or included with packet to be given points)				1 Point Each	
Number of Trainee Assignments Completed (Only Count Wildland Assignments for Operations Positions. Wildland & All Hazard Assignments can be counted for the other sections)				3 Points Each	
Other (i.e. personal development)				Yes = 1 No = 0	
Permanent, Full time employee score = 50 Part time, Seasonal or Emergency Firefighter (AD) score = 0				50 or 0	
Circle the appropriate points for each attribute and total here _____					Total Points

Comments/Justification (Example: Home unit has shortage of qualified resources...)

SIGNATURES

I agree to take part in this program, am available for trainee assignments, and will status myself in ROSS.

(Trainee Signature) Phone _____ Date _____

I agree to support this program and make the above individual available for trainee assignments.

(Supervisor Signature) Phone _____ Date _____

(Validated by State Training Specialist) Phone 623-445-0274 x220 Date _____